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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

DIANE Velez

Write the full name of each plaintiff.

DV DV DV  
CV - -  
(Include case number if one has been assigned)

-against-

COMPLAINT

Arianna Kennedy

HON. Lauren T. Broderick

Tyesha Williams

Sidney Rousse

Do you want a jury trial?

☐ Yes ☐ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ Federal Question

☐ Diversity of Citizenship

### A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Violated By ACS had said IF I can get rid of my son  
I can get rid of my daughter now my kids are being kept away  
By force allegations. the hospital told me I wasn't aloud to show  
emotions And Sab me with the needle.

### B. If you checked Diversity of Citizenship

#### 1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, DIANE VELEZ, is a citizen of the State of \_\_\_\_\_  
 (Plaintiff's name)

\_\_\_\_\_  
 (State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of \_\_\_\_\_

\_\_\_\_\_  
 If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, HON. Lauren T. Broderick, is a citizen of the State of  
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of \_\_\_\_\_

If the defendant is a corporation:

The defendant, \_\_\_\_\_, is incorporated under the laws of  
the State of \_\_\_\_\_

and has its principal place of business in the State of \_\_\_\_\_

or is incorporated under the laws of (foreign state) \_\_\_\_\_

and has its principal place of business in \_\_\_\_\_

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

## II. PARTIES

### A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

<u>DIANE</u>	<u>VEIGZ</u>	
First Name	Middle Initial	Last Name
<u>663 Fox St APT 53</u>		
Street Address		
<u>Bronx</u>	<u>NY</u>	<u>10455</u>
County, City	State	Zip Code
<u>917 962-7721</u>	<u>mariev1487@yahoo.com</u>	
Telephone Number	Email Address (if available)	

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1: Williams Tyesha  
 First Name Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City State Zip Code

Defendant 2: Kennedy Arianna  
 First Name Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City State Zip Code

Defendant 3: Hon. Lauren T. Broderick  
 First Name Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City State Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

**III. STATEMENT OF CLAIM**

Place(s) of occurrence: \_\_\_\_\_

Date(s) of occurrence: \_\_\_\_\_

**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

My Name is DIANE VELEZ I am here To Report My Judge, Lawyer, ACS, And Bronx Lebanon hospital I am Going threw emotional Distress By ACS with Force allegation with no prove And Evidence I've Been mentally, emotionally And medically abuse at the hospital Being manipulated By them I'm not getting the right help By my lawyer the school had told a lie to ACS against me I'm Being threaten By ACS And the Judge with no prove or Evidence the hospital had threaten me with medication Jab with with a Needle For no Reason I am a single mom of 3 ACS Told me IF I can get rid of my son I can get rid of my daughter And now Being threaten For Jail IF I dont give them the social & Birth certificat or I'll Do Jail And now with Force allegations there keeping my kids From me.

the school made excuses for me to see my daughter at her show dance so I chose not to go as is taking advantage of their power against me there doing all these changes with my kids insurance Kennedy try to paint me crazy mother with her lies cause she messed up on her paper work so the case escalated with more allegations And I go threw gums Bleed By a medication that was giving to my

#### INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

the hospital Sab me with a viddle it locked my jaw my tough was Force pulled Back and my jaw was Forced to the side while Doctor Wall/sada laughed at me And told me I was Fine while I couldnt talk the medicine they gave me gaved me panick to Sleep Anxiety to medication

#### IV. RELIEF

State briefly what money damages or other relief you want the court to order.

## V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

7-28-23  
Dated

Diane Velez  
Plaintiff's Signature

DIANE  
First Name

VELEZ  
Last Name

663 FOX ST APT 5S Bronx  
Street Address

Bronx  
County, City

NY  
State

10455  
Zip Code

917 962-7721  
Telephone Number

marie V1987@yahoo.com  
Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.